

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">10/586,488</div>	FILING DATE <div style="font-size: 1.2em; font-family: monospace;">7-20-06</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	7	←	6	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	9		9				TOTAL CLAIMS						